Canada's health system is among the least green

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Canada's health sector is among the worst in the world in terms of greenhouse gas pollution, according to a policy brief accompanying the latest *Lancet* Countdown on health and climate change.

"It's time to own up to the health sector's climate impact and do our fair share to reduce emissions," says Dr. Courtney Howard, an emergency physician and lead author of the brief.

Health care is responsible for 4.6% of Canada's total greenhouse gas emissions, as well as more than 200 000 tons of other pollutants, resulting in 23 000 years of life lost every year from disability or early death.

Other top polluting countries report similarly high levels of emissions from health care. In the United Kingdom, Australia and the United States, health sector pollution accounts for 3%–4%, 7% and 10% of national emissions, respectively. Other comparisons place Canada among the top 10 worst polluters per capita, and in the middle of the pack of Organisation for Economic Co-operation and Development nations in terms of the percentage of emissions from health care. And while the UK has cut health sector emissions by nearly a fifth since 2007, Canada's health care emissions are increasing.

The world has just over a decade to curb emissions to limit global warming to 1.5 degree Celsius above preindustrial levels. Beyond that point, even a half-a-degree increase will threaten the stability of food and water supplies, housing and health systems worldwide, according to the United Nation's Intergovernmental Panel on Climate Change.

The *Lancet* policy brief highlights the harms Canadians are already experiencing from pollution and climate change, including increasing wildfires, heat waves and the spread of infectious diseases.

Howard and coauthors are calling for a national initiative to help the health sector cut greenhouse gas emissions to zero by 2050. Obvious areas for improvement include reducing waste and reliance on single-use items in hospitals.

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Health sector pollution is an important contributor to climate change and poor health outcomes, according to a new policy brief.

"About 30% of the interventions we do are not needed," Howard says. Choosing tests and treatments more wisely would save money, as well as energy and resources, reducing the health system's carbon footprint, she explains.

Expanding virtual care is another way the health system can reduce emissions through reducing patient travel, while also improving care. "We're starting to do this in the North with more remote consultation," Howard says. However, quantifying the impact of these efforts is difficult without better tracking of health sector emissions.

"We mitigate what we measure," says Howard. "One of the reasons why the

UK has been so effective in reducing health care emissions is that they've been measuring their carbon footprint since 2007, so they can pinpoint their big carbon expenditures." For example, the National Health Service aims to reduce nearly one million tons of emissions annually from metered dose inhaler use by creating a shared decision-making resource for physicians and patients identifying lower carbon, clinically equivalent alternatives.

The policy brief also recommends that Canada make health a key consideration in all climate-related policy and ensure that the country's commitments represent its fair share of emissions reductions under the Paris Agreement.

In a recent *CMAJ* editorial, Dr. Kirsten Patrick argued that only taking a "health in all policies" approach can offer any chance of addressing the extent and complexity of the challenge of reducing emissions.

According to Howard, the time is right for national action. "We have a new parliament in Canada and we also have considerable energy around sustainable health care."

Lauren Vogel, *CMAJ*